

STATE OF MAINE
BOARD OF FUNERAL SERVICE
APPLICATION FOR LICENSURE

- ATTENDANT



Department of Professional and Financial Regulation
Office of Licensing and Registration
35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207) 624-8626
Office Facsimile: (207) 624-8637
HEARING IMPAIRED (888) 577-6690
Internet: www.maine.gov/professionallicensing

Office located at: 122 Northern Avenue, Gardiner, Maine

APPLICANT INFORMATION GUIDE

The application material you have requested from the Board of Funeral Service is enclosed. It contains all the relevant materials you need to complete your application for registration in the State of Maine. Please read all the information carefully. If you have any questions after reading this packet, please call or e-mail our office.

FURNISHED TO APPLICANT

- Application Information Guide
- Individual License Application
- Supervisor Approval Form

ADDITIONAL RESOURCES

- Licensing Law for Funeral Practitioners

Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Maine Laws throughout your licensure.

Available: <http://www.mainelegislature.org/legis/statutes/32/title32ch21sec0.html> or call (207) 624-8626

- Licensing Rules for Funeral Practitioners

Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Board Rules throughout your licensure.

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#331> or call (207) 624-8626

- Licensing Rules for the Department of Professional and Financial Regulation

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#041>

- Statutory Authority, Titles 5 & 10

Available: <http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

<http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html>

APPLICATION PROCEDURE

- Please submit your application materials to the Board by mail or hand delivery to our offices. Fax submissions will not be accepted. If the application you submit to us is complete, it will be reviewed and processed in the order it was received.
- If there are deficiencies with your application, you will be notified by mail.
- Please do not call our office regarding the status of your application. Information regarding the status of applications may be found at the Office of Licensing & Registration's website: <http://www.maine.gov/pfr/professionallicensing>. We appreciate your thoughtful attention to this request.

DESCRIPTION

A funeral attendant means any person who is employed part or full-time in the practice of funeral service and is engaged in transporting human remains and who may assist a licensed practitioner in other funeral activities. All funeral attendants shall work under the direct and personal supervision and legal responsibility of a licensed practitioner who is actively connected with a funeral establishment. When a funeral attendant leaves the employ of a practitioner, it shall be the duty of said practitioner to notify the board of termination of employment.

ATTENDANT'S REGISTRATION

All applicants must submit the following:

- ☐ Completed and signed Individual License Application;
- ☐ Payment of a Registration Fee of \$50.00;
- ☐ Payment of a Criminal History Check Fee of \$21.00; and

Note: All fees can be in one payment.

- ☐ Completed Supervisor Approval Form.

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035.
- **Where are you located?** 122 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 a.m. to 5:00 p.m. weekdays.
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How can I check the status of my application?** You can check our website: www.maine.gov/professionallicensing/license_search.htm.
- **How far back do I go answering the criminal conviction question?** Any conviction, ever.
- **Can I fax my application?** No.

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

Before you seal the envelope, did you:

- Complete every item on the application including the criminal background disclosure question.
- Sign and date your application.
- Include the required fee(s). Make checks payable to "Maine State Treasurer" or complete the credit card section on the application. **DO NOT SEND CASH.**
- Make a copy of your application to keep for your records.



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
INDIVIDUAL LICENSE APPLICATION**

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ANY OTHER NAMES EVER USED			
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	
MAILING ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
PHONE ()	FAX ()	E-MAIL	

CRIMINAL BACKGROUND DISCLOSURE	
<i>NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.</i>	
1. Have you ever been convicted by any court of any crime? (circle one) NO YES	
If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.	
2. Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one) NO YES	
If yes, enclose a detailed explanation and copies of all documents.	
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Licensing and Registration will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.	
SIGNATURE	DATE

Board of Funeral Service	
Required Fee: \$71 (includes Criminal History Records Check Fee)	
Please Select Type:	
<input type="checkbox"/> Attendant (AT1421)	
Rev. 7/2008	
Office Use Only: 1421 - \$50.00 2619 - \$21.00	
<i>Office Use Only:</i> Check # _____ Amount: _____ Cash # _____ Lic. # _____	

PAYMENT OPTIONS:	
Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:	
NAME OF CARDHOLDER (please print) <i>FIRST MIDDLE INITIAL LAST</i>	
I authorize the Dept. of Professional and Financial Regulation, Office of Licensing and Registration to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD the following amount: \$ _____	
Card number: <i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date <i>mm / yyyy</i>
SIGNATURE	DATE

ESTABLISHMENT INFORMATION

Name of Establishment: _____

Address of Establishment: _____

City: _____ State: _____ Zip Code: _____

CREDENTIALING HISTORY

Do you currently hold or have you previously held a license or registration in any jurisdiction?

☐ YES ☐ NO

If yes, please complete the following:

State: _____ License #: _____

Date Issued: _____ Expiration Date: _____

AFFIRMATION

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Licensing and Registration will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

Signature of Applicant

Date



JOHN ELIAS BALDACCI
GOVERNOR

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Funeral Service
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

ANNE L. HEAD
DIRECTOR

SUPERVISOR APPROVAL FORM

Name of applicant: _____

Type of license/registration being applied for: ☐ Attendant ☐ Practitioner Trainee

Name of Funeral Establishment Employed By: _____

Address of Funeral Establishment: _____

City: _____ State: _____ Zip Code: _____

License number of Funeral Establishment: _____

Telephone number of Funeral Establishment: _____

Practitioner responsible for the training/supervision of the applicant: _____

Practitioner's license number: _____

If the above applicant is being registered as an attendant, please list the name(s) of all funeral establishments in which the attendant will be working:

Name of Establishment	License Number
_____	_____
_____	_____
_____	_____
_____	_____

THIS SECTION TO BE SIGNED BY THE PRACTITIONER RESPONSIBLE FOR THE PRACTITIONER TRAINEE/ATTENDANT.

I hereby certify that I will be responsible for the Practitioner Trainee/Attendant.

Signature of Practitioner: _____

Printed Name of Practitioner: _____ Date: _____



PRINTED ON RECYCLED PAPER

OFFICE PHONE: (207)624-8626

(888) 577-6690 (HEARING IMPAIRED)
OFFICES LOCATED AT: 122 NORTHERN AVENUE,
GARDINER, MAINE

FAX: (207)624-8637